UECT Young European Cycling Tourist Grant - registration form

Participant :

Last Name: ……Name : ……

Address: ……

Date of birth: ……..Mobile phone number: ……

E-mail: ……

Association: ……Country: ……

Club: ……

Licence N°…… (please enclose copy of current licence)

(If there is more than one participant / participant in the project, please attach a copy of each person's licence).

Participant photo

Journey details

Expected start date: ……

Expected duration:.....

Number of participants: ……

Type of bicycle used: road - gravel - trekking - MTB - tandem

Estimated distance: ……

Type of selected accommodation: ……

Siège social : 12 rue Louis Bertrand – 94207 IVRY-SUR-SEINE CEDEX – France – N° SIREN 798 305 033 00010
Correspondance : Union Européenne Cyclotourisme – 18 Résidence du Moulin – 80470 SAINT SAUVEUR (France)
Contact Tél : + 33 6 81 11 11 37 – site internet : www.uect.org – e-mail : info@uect.org

Guardian / companion

Last Name……Name……

Address: ……

Date of birth: ……..Mobile phone number: ……

E-mail: ……

Federation: ……Country: ……

Club: ……

Licence Number ……

I hereby submit my candidacy for the UECT Young European Cycling Tourist Grant. I declare that I give UECT the copyrights to use the pictures I took.
I confirm that I have read the regulations and I accept them.

Place: …… .. Date: ……

Signature:

Consent of the legal guardian / guardians (applies to participants under 18 years of age) to participate in the journey and approval by the club chairman

Legal guardian / guardians	Club chairmans
Name / Names - Last Name / Last Names Address / Addresses Mobile phone number E-mail	Last Name Name Club Federation Country Mobile phone number E-mail
Date - signature / signatures	Date - signature

Contact details of a person responsible for receiving applications on the UECT side

Jean-Marie MAILLARD : jmmaillard@uect.org